

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 259
97TH GENERAL ASSEMBLY

Reported from the Committee on Veterans' Affairs and Health, April 18, 2013, with recommendation that the Senate Committee Substitute do pass.

1418S.02C

TERRY L. SPIELER, Secretary.

AN ACT

To repeal sections 192.020, 192.131, and 192.667, RSMo, and to enact in lieu thereof three new sections relating to reportable infectious diseases.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 192.020, 192.131, and 192.667, RSMo, are repealed
2 and three new sections enacted in lieu thereof, to be known as sections 192.020,
3 192.131, and 192.667, to read as follows:

192.020. 1. It shall be the general duty and responsibility of the
2 department of health and senior services to safeguard the health of the people in
3 the state and all its subdivisions. It shall make a study of the causes and
4 prevention of diseases. It shall designate those diseases which are infectious,
5 contagious, communicable or dangerous in their nature and shall make and
6 enforce adequate orders, findings, rules and regulations to prevent the spread of
7 such diseases and to determine the prevalence of such diseases within the state.
8 It shall have power and authority, with approval of the director of the
9 department, to make such orders, findings, rules and regulations as will prevent
10 the entrance of infectious, contagious and communicable diseases into the state.

11 2. The department of health and senior services shall include in its list
12 of communicable or infectious diseases which must be reported to the department
13 methicillin-resistant staphylococcus aureus (MRSA), **carbapenem-resistant**
14 **Klebsiella (CRK)** and vancomycin-resistant enterococcus (VRE).

192.131. 1. As used in this section, the following terms shall mean:

2 (1) "Advisory panel", the infection control advisory panel created by
3 section 197.165;

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

4 (2) "Antibiogram", a record of the resistance of microbes to various
5 antibiotics;

6 (3) "Antimicrobial", the ability of an agent to destroy or prevent the
7 development of pathogenic action of a microorganism;

8 (4) "Department", the department of health and senior services.

9 2. Every laboratory performing culture and sensitivity testing on humans
10 in Missouri shall submit data on health care associated infections to the
11 department in accordance with this section. The data to be reported shall be
12 defined by regulation of the department after considering the recommendations
13 of the advisory panel. Such data may include antibiograms and, not later than
14 July 1, 2005, shall include but not be limited to the number of patients or isolates
15 by hospital, ambulatory surgical center, and other facility or practice setting with
16 methicillin-resistant staphylococcus aureus (MRSA), **carbapenem-resistant**
17 **Klebsiella (CRK)** or vancomycin-resistant enterococcus (VRE).

18 3. Information on infections collected pursuant to this section shall be
19 subject to the confidentiality protections of this chapter but shall be available in
20 provider-specific form to appropriate facility and professional licensure
21 authorities.

22 4. The advisory panel shall develop a recommended plan to use laboratory
23 and health care provider data provided pursuant to this chapter to create a
24 system to:

25 (1) Enhance the ability of health care providers and the department to
26 track the incidence and distribution of preventable infections, with emphasis on
27 those infections that are most susceptible to interventions and that pose the
28 greatest risk of harm to Missouri residents;

29 (2) Monitor trends in the development of antibiotic-resistant microbes,
30 including but not limited to methicillin-resistant staphylococcus aureus (MRSA),
31 **carbapenem-resistant Klebsiella (CRK)** and vancomycin-resistant
32 enterococcus (VRE) infections.

33 5. In implementing this section, the advisory panel and the department
34 shall conform to guidelines and standards adopted by the Centers for Disease
35 Control and Prevention. The advisory panel's plan may provide for
36 demonstration projects to assess the viability of the recommended initiatives.

192.667. 1. All health care providers shall at least annually provide to
2 the department charge data as required by the department. All hospitals shall
3 at least annually provide patient abstract data and financial data as required by

4 the department. Hospitals as defined in section 197.020 shall report patient
5 abstract data for outpatients and inpatients. Within one year of August 28, 1992,
6 ambulatory surgical centers as defined in section 197.200 shall provide patient
7 abstract data to the department. The department shall specify by rule the types
8 of information which shall be submitted and the method of submission.

9 2. The department shall collect data on required nosocomial infection
10 incidence rates from hospitals, ambulatory surgical centers, and other facilities
11 as necessary to generate the reports required by this section. Hospitals,
12 ambulatory surgical centers, and other facilities shall provide such data in
13 compliance with this section.

14 3. No later than July 1, 2005, the department shall promulgate rules
15 specifying the standards and procedures for the collection, analysis, risk
16 adjustment, and reporting of nosocomial infection incidence rates and the types
17 of infections and procedures to be monitored pursuant to subsection [12] 10 of
18 this section. In promulgating such rules, the department shall:

19 (1) Use methodologies and systems for data collection established by the
20 federal Centers for Disease Control and Prevention National Nosocomial Infection
21 Surveillance System, or its successor; and

22 (2) Consider the findings and recommendations of the infection control
23 advisory panel established pursuant to section 197.165.

24 4. [The infection control advisory panel created by section 197.165 shall
25 make a recommendation to the department regarding the appropriateness of
26 implementing all or part of the nosocomial infection data collection, analysis, and
27 public reporting requirements of this act by authorizing hospitals, ambulatory
28 surgical centers, and other facilities to participate in the federal Centers for
29 Disease Control and Prevention's National Nosocomial Infection Surveillance
30 System, or its successor. The advisory panel shall consider the following factors
31 in developing its recommendation:

32 (1) Whether the public is afforded the same or greater access to
33 facility-specific infection control indicators and rates than would be provided
34 under subsections 2, 3, and 6 to 12 of this section;

35 (2) Whether the data provided to the public are subject to the same or
36 greater accuracy of risk adjustment than would be provided under subsections 2,
37 3, and 6 to 12 of this section;

38 (3) Whether the public is provided with the same or greater specificity of
39 reporting of infections by type of facility infections and procedures than would be

40 provided under subsections 2, 3, and 6 to 12 of this section;

41 (4) Whether the data are subject to the same or greater level of
42 confidentiality of the identity of an individual patient than would be provided
43 under subsections 2, 3, and 6 to 12 of this section;

44 (5) Whether the National Nosocomial Infection Surveillance System, or its
45 successor, has the capacity to receive, analyze, and report the required data for
46 all facilities;

47 (6) Whether the cost to implement the nosocomial infection data collection
48 and reporting system is the same or less than under subsections 2, 3, and 6 to 12
49 of this section.

50 5. Based on the affirmative recommendation of the infection control
51 advisory panel, and provided that the requirements of subsection 12 of this
52 section can be met, the department may or may not implement the federal
53 Centers for Disease Control and Prevention Nosocomial Infection Surveillance
54 System, or its successor, as an alternative means of complying with the
55 requirements of subsections 2, 3, and 6 to 12 of this section. If the department
56 chooses to implement the use of the federal Centers for Disease Control
57 Prevention Nosocomial Infection Surveillance System, or its successor, as an
58 alternative means of complying with the requirements of subsections 2, 3, and 6
59 to 12 of this section, it shall be a condition of licensure for hospitals and
60 ambulatory surgical centers which opt to participate in the federal program to
61 permit the federal program to disclose facility-specific data to the department as
62 necessary to provide the public reports required by the department. Any hospital
63 or ambulatory surgical center which does not voluntarily participate in the
64 National Nosocomial Infection Surveillance System, or its successor, shall be
65 required to abide by all of the requirements of subsections 2, 3, and 6 to 12 of this
66 section.

67 6. The department shall not require the resubmission of data which has
68 been submitted to the department of health and senior services or the department
69 of social services under any other provision of law.] The department of health and
70 senior services shall accept data submitted by associations or related
71 organizations on behalf of health care providers by entering into binding
72 agreements negotiated with such associations or related organizations to obtain
73 data required pursuant to section 192.665 and this section. A health care
74 provider shall submit the required information to the department of health and
75 senior services:

76 (1) If the provider does not submit the required data through such
77 associations or related organizations;

78 (2) If no binding agreement has been reached within ninety days of
79 August 28, 1992, between the department of health and senior services and such
80 associations or related organizations; or

81 (3) If a binding agreement has expired for more than ninety days.

82 [7.] 5. Information obtained by the department under the provisions of
83 section 192.665 and this section shall not be public information. Reports and
84 studies prepared by the department based upon such information shall be public
85 information and may identify individual health care providers. The department
86 of health and senior services may authorize the use of the data by other research
87 organizations pursuant to the provisions of section 192.067. The department
88 shall not use or release any information provided under section 192.665 and this
89 section which would enable any person to determine any health care provider's
90 negotiated discounts with specific preferred provider organizations or other
91 managed care organizations. The department shall not release data in a form
92 which could be used to identify a patient. Any violation of this subsection is a
93 class A misdemeanor.

94 [8.] 6. The department shall undertake a reasonable number of studies
95 and publish information, including at least an annual consumer guide, in
96 collaboration with health care providers, business coalitions and consumers based
97 upon the information obtained pursuant to the provisions of section 192.665 and
98 this section. The department shall allow all health care providers and
99 associations and related organizations who have submitted data which will be
100 used in any report to review and comment on the report prior to its publication
101 or release for general use. The department shall include any comments of a
102 health care provider, at the option of the provider, and associations and related
103 organizations in the publication if the department does not change the publication
104 based upon those comments. The report shall be made available to the public for
105 a reasonable charge.

106 [9.] 7. Any health care provider which continually and substantially, as
107 these terms are defined by rule, fails to comply with the provisions of this section
108 shall not be allowed to participate in any program administered by the state or
109 to receive any moneys from the state.

110 [10.] 8. A hospital, as defined in section 197.020, aggrieved by the
111 department's determination of ineligibility for state moneys pursuant to

112 subsection [9] 7 of this section may appeal as provided in section 197.071. An
113 ambulatory surgical center as defined in section 197.200 aggrieved by the
114 department's determination of ineligibility for state moneys pursuant to
115 subsection 9 of this section may appeal as provided in section 197.221.

116 [11.] 9. The department of health may promulgate rules providing for
117 collection of data and publication of nosocomial infection incidence rates for other
118 types of health facilities determined to be sources of infections; except that,
119 physicians' offices shall be exempt from reporting and disclosure of infection
120 incidence rates.

121 [12.] 10. In consultation with the infection control advisory panel
122 established pursuant to section 197.165, the department shall develop and
123 disseminate to the public reports based on data compiled for a period of twelve
124 months. Such reports shall be updated quarterly and shall show for each
125 hospital, ambulatory surgical center, and other facility a risk-adjusted nosocomial
126 infection incidence rate for the following types of infection:

- 127 (1) Class I surgical site infections, **at no less than five such surgical**
128 **sites;**
- 129 (2) Ventilator-associated pneumonia;
- 130 (3) Central line-related bloodstream infections;
- 131 (4) Other categories of infections that may be established by rule by the
132 department.

133 The department, in consultation with the advisory panel, shall be authorized to
134 collect and report data on subsets of each type of infection described in this
135 subsection.

136 [13.] 11. In the event the provisions of this act are implemented by
137 requiring hospitals, ambulatory surgical centers, and other facilities to
138 participate in the federal Centers for Disease Control and Prevention National
139 Nosocomial Infection Surveillance System, or its successor, the types of infections
140 to be publicly reported shall be determined by the department by rule and shall
141 be consistent with the infections tracked by the National Nosocomial Infection
142 Surveillance System, or its successor.

143 [14.] 12. Reports published pursuant to subsection [12] 10 of this section
144 shall be published on the department's internet website **and updated on the**
145 **website on a quarterly basis.** The initial report shall be issued by the
146 department not later than December 31, [2006] **2013.** The reports shall be
147 distributed at least annually to the governor and members of the general

148 assembly.

149 [15.] 13. The Hospital Industry Data Institute shall publish a report of
150 Missouri hospitals' and ambulatory surgical centers' compliance with
151 standardized quality of care measures established by the federal Centers for
152 Medicare and Medicaid Services for prevention of infections related to surgical
153 procedures. If the Hospital Industry Data Institute fails to do so by July 31,
154 2008, and annually thereafter, the department shall be authorized to collect
155 information from the Centers for Medicare and Medicaid Services or from
156 hospitals and ambulatory surgical centers and publish such information in
157 accordance with subsection [14] 12 of this section.

158 [16.] 14. The data collected or published pursuant to this section shall
159 be available to the department for purposes of licensing hospitals and ambulatory
160 surgical centers pursuant to chapter 197.

161 [17.] 15. **Hospitals shall report to the department on a weekly**
162 **basis the number of persons put in isolation due to infection. The**
163 **department shall develop and disseminate to the public reports on the**
164 **number and percentage of such patients put in isolation and have such**
165 **data compiled for a period of twenty-four months. Such reports shall**
166 **be updated quarterly on the department's internet website.**

167 16. The department shall promulgate rules to implement the provisions
168 of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule,
169 as that term is defined in section 536.010 that is created under the authority
170 delegated in this section shall become effective only if it complies with and is
171 subject to all of the provisions of chapter 536 and, if applicable, section
172 536.028. This section and chapter 536 are nonseverable and if any of the powers
173 vested with the general assembly pursuant to chapter 536 to review, to delay the
174 effective date, or to disapprove and annul a rule are subsequently held
175 unconstitutional, then the grant of rulemaking authority and any rule proposed
176 or adopted after August 28, 2004, shall be invalid and void.

177 17. **The data to be reported on the department's internet website**
178 **under the provisions of this section shall consist of data submitted**
179 **directly to the department and not data submitted to the federal**
180 **government or other outside resources.**

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